



Karen A. Walega
MPH, CHO, RS
Health Director

TOWN OF ROCHESTER
Board of Health
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Rochester, MA 02770
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Sarah T. Eby
MHA, BSN, RN
Chair

Glenn Lawrence
Vice Chair

Dale Barrows
Clerk

Connie Dolan, RN
Public Health Nurse

Food Establishment Permit Application

(Application must be submitted at least 30 days before the planned opening date)

1) Establishment Name:																	
2) Establishment Address:																	
3) Establishment Mailing Address (if different):																	
4) Establishment Telephone No:																	
5) Applicant Name & Title:																	
6) Applicant Address:																	
7) Applicant Telephone No:	24 Hour Emergency No:	** Email:															
8) Owner Name & Title (if different from applicant):		** Email:															
9) Owner Address (if different from applicant):																	
10) Establishment Owned by: _____ An association _____ A corporation _____ An individual _____ A partnership _____ Other legal entity	11) If a corporation or partnership, give name, title and home address of officer(s) or partner(s): <table border="1"><thead><tr><th>Name</th><th>Title</th><th>Home Address</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td colspan="3">Email Address:</td></tr></tbody></table>		Name	Title	Home Address										Email Address:		
Name	Title	Home Address															
Email Address:																	
12) Person Directly Responsible For Daily Operations (Owner, Person in Charge, Supervisor, Manager, etc.)																	
Name & Title:																	
Address:																	
Telephone No:	Fax:	Email:															
Emergency Telephone No:																	
13) District or Regional Supervisor (if applicable)																	
Name & Title:																	
Address:																	
Telephone No:	Fax:	Email:															

Food Establishment Information

14) Water Source: DEP Public Water Supply No: (if applicable)		15) Sewage Disposal:	
16) Days and Hours of Operation:		17) No. of Food Employees:	
18) Name of Person in Charge Certified in Food Protection Management: <i>Required as of 10/1/2001 in accordance with 105 CMR 590.003(A)</i>			
19) Person Trained in Anti-Choking Procedures (if 25 seats or more): <input type="checkbox"/> Yes <input type="checkbox"/> No			
20) Location (check one): <input type="checkbox"/> Permanent Structure <input type="checkbox"/> Mobile			
21) Length Of Permit (check one): <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal/Dates: <input type="checkbox"/> Temporary/Dates/Time:			
22) Establishment Type (check all that apply):			
License to Sell Tobacco Products		\$ 75.00	
License to Manufacture and/or Sell Frozen Desserts		\$ 30.00	
License to Operate a Bakery		\$ 50.00	
License to Operate a Bed and Breakfast Residential Kitchen			
License to Operate a Catering Establishment		\$ 25.00	
License to Operate a Food Service Establishment for 3 days or less (temporary/fairs)		\$ 65.00	
License to Operate a Mobile Food Server		\$ 50.00	
License to Operate a Residential Kitchen		\$ 50.00	
License to Operate a Retail Food Store		\$100.00	
Permit to Operate a Food Service Establishment (Annual)		\$150.00	
Permit to Sell Milk and Cream		\$ 10.00	
Plan Review (Food Establishment and/ or Retail Food Store)		\$ 50.00	
Wholesale Food			
23) Food Operations:			
(check all that apply):		<i>Definitions: PHF – potentially hazardous food (time/temperature controls required)</i> <i>Non-PHF – non-potentially hazardous food (no time/temperature controls required)</i> <i>RTE – ready-to-eat foods (Ex. sandwiches, salads, muffins which need no further processing)</i>	
<input type="checkbox"/> Sale of Commercially Pre-packaged Non-PHFs	<input type="checkbox"/> PHF Cooked to Order	<input type="checkbox"/> Hot PHF Cooked and Cooled or Hot Held for More Than a Single Meal Service	
<input type="checkbox"/> Sale of Commercially Pre-packaged PHFs	<input type="checkbox"/> Preparation of PHFs For Hot And Cold Holding for Single Meal Service	<input type="checkbox"/> PHF and RTE Foods Prepared For Highly Susceptible Population Facility	
<input type="checkbox"/> Delivery of Packaged PHFs	<input type="checkbox"/> Sale of Raw Animal Foods Intended to be Prepared by Consumer	<input type="checkbox"/> Vacuum Packaging/Cook Chill	
<input type="checkbox"/> Reheating of Commercially Processed Foods for Service Within 4 hours	<input type="checkbox"/> Customer Self-Service	<input type="checkbox"/> Use of Process Requiring A Variance and/or HACCP Plan (including bare hand contact alternative, time as public health control)	
<input type="checkbox"/> Customer Self-Service of Non-PHF and Non-Perishable Foods Only	<input type="checkbox"/> Ice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Offers Raw or Undercooked Food of Animal Origin	
<input type="checkbox"/> Preparation of Non-PHFs	<input type="checkbox"/> Juice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Food Service	
<input type="checkbox"/> Offers RTE PHF in Bulk Quantities		<i>To be completed by the Board of Health</i> Total Permit Fee: _____ Payment is due with application	
<input type="checkbox"/> Retail Sale of Salvage, Out of Date or Reconditioned Food			

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the Federal Food Code.

24) Signature of Applicant: _____

Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, Have filed all state tax returns and paid state taxes required under law.

25) Social Security Number or Federal ID: _____

26) Signature of Individual or Corporate Name: _____